

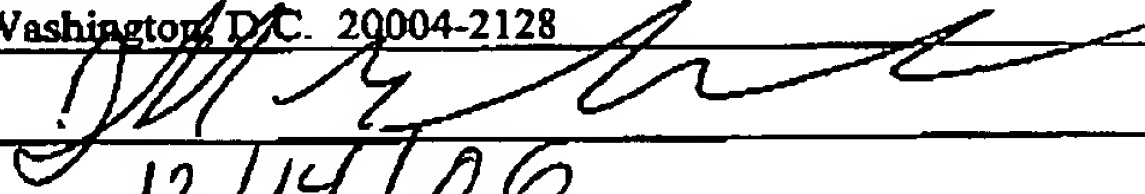
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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/813,808             |               |
|   | Filing Date          | 22 March 2001          |               |
|   | First Named Inventor | Robert MAERZ           |               |
|   | Group Art Unit       | 3624                   |               |
|   | Examiner Name        | Olabode Akintola       |               |
| Total Number of Pages in This Submission  | 3                    | Attorney Docket Number | 044129-001000 |

| ENCLOSURES (check all that apply)   |  |  |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
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|--|--|
| Firm or Individual name                    | Jeff E. Schwartz, Reg. No. 39,019<br>Nixon Peabody LLP<br>401 9 <sup>th</sup> Street, N.W.<br>Suite 900<br>Washington, D.C. 20004-2128 |
| Signature                                  |    |
| Date                                       | 12/14/06   |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]   |   |
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| <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) <u>571-273-8300</u>   |   |
| December 14, 2006<br>Date  | Signature <u>Renee D. Thomas</u><br>Typed or printed name |

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NOTIFICATION FORM

|                         |                                     |
|-------------------------|-------------------------------------|
| Application Number      | 027813,603                          |
| Filing Date             | 22 March 2001                       |
| First Named Inventor    | Robert W. WARE                      |
| Title                   | Method and system for entering bids |
| Art Unit                | 3834                                |
| Examiner Name           | O. Adams                            |
| Attorney Contact Number | 044138-001000                       |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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OR

☐ Person(s) named below:

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☐ Agent of record of the entire interest. See 37 CFR 3.71.  
Signature under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/03)

SIGNATURE of Applicant or Agent of Record

|                   |                       |           |              |
|-------------------|-----------------------|-----------|--------------|
| Signature         | <i>Robert W. Ware</i> | Date      | 11-6-06      |
| Name              | Robert W. Ware        | Telephone | 714-323-5697 |
| Title and Company | Applicant/Inventor    |           |              |

NOTE: Signatures of all the inventors or co-inventors of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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INDICATION FORM**

|                        |                                     |
|------------------------|-------------------------------------|
| Application Number     | 09/813,808                          |
| Filing Date            | 22 March 2001                       |
| First Named Inventor   | Robert MAERZ                        |
| Title                  | Method and system for offering tele |
| Art Unit               | 3624                                |
| Examiner Name          | O. Akintola                         |
| Attorney Docket Number | 044129-001000                       |

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Practitioners associated with the Customer Number:

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☐ Practitioner(s) named below:

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Robert Maerz

Date

Telephone

Title and Company

Applicant/Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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